

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

15670-078WO1

Box No. I TITLE OF INVENTION	
HUMAN CATHELICIDIN ANTIMICROBIAL PEPTIDES	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 1111 Franklin Street Oakland, CA 94607-5200 United States of America	
Telephone No.	
Facsimile No.	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
NATIONAL JEWISH MEDICAL AND RESEARCH CENTER 1400 Jackson Street Denver, CO 80206 United States of America	
This person is: <input checked="" type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)	
Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
BAKER, Joseph R., Jr. Fish & Richardson P.C. 12390 El Camino Real San Diego, California 92130 United States of America	
Telephone No. (858) 678-5070	
Facsimile No. (858) 678-5099	
Teleprinter No.	
Agent's registration No. with the Office 40,900	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

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Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included the request.</i>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) GALLO, Richard 3036 Serbian Pl. San Diego, California 92117 United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) MURAKAMI, Masamoto 8066 Regents Road, #1102 San Diego, California 92122 United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) LEUNG Donald Y.M. 1400 Jackson Street Denver, Colorado 80206 United States of America	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) (Empty)	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

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Supplemental Box*If the Supplemental Box is not used, this sheet should not be included in the request.*

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No ..." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:*
 - (i) *if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;*
 - (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*
 - (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;*
 - (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*
 - (v) *if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*
2. *If the applicant intends to make an indication of the wish that the international application be treated, in certain designated States, as an application for addition, certificate of addition, inventor's certificate of addition or utility certificate of addition: in such case, write the name or two-letter code of each designated State concerned and the indication "patent of addition" or "certificate of addition," "inventor's certificate of addition" or "utility certificate of addition," the number of the parent application or parent patent or other parent grant and the date of grant of the parent patent or other patent grant or the date of filing of the parent application (Rules 4.11(a)(iii) and 49bis.1(a) or (b)).*
3. *If the applicant intends to make an indication of the wish that the international application be treated, in the United States of America, as a continuation or continuation-in-part of an earlier application: in such a case, write "United States of America" or "US" and the indication "continuation" or "continuation-in-part" and the number and the filing date of the parent application (Rules 4.11(a)(iv) and 49bis.1(d)).*

This application is a continuation-in-part of USSN 60/512,953 filed October 21, 2003.

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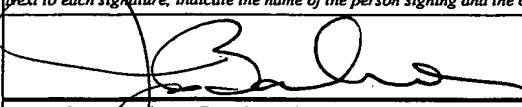
See Notes to the request form

Box No. IX CHECK LIST: LANGUAGE OF FILING

<p>This international application contains:</p> <p>(a) In paper form, the following number of sheets:</p> <p>request (including declaration sheets) : 5</p> <p>description (excluding sequence listings and/or tables related thereto) : 48</p> <p>claims : 4</p> <p>abstract : 1</p> <p>drawings : 22</p> <p>Sub-total number of sheets : <u>80</u></p> <p>sequence listings :</p> <p>tables related thereto :</p> <p><i>(for both, actual member of sheets if filed in paper form whether or not also filed in computer readable form; see (c) below)</i></p> <p>Total number of sheets : <u>80</u></p> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))</p> <p>(i) <input type="checkbox"/> sequence listings</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))</p> <p>(i) <input type="checkbox"/> sequence listings</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the:</p> <p><input type="checkbox"/> Sequence listings:.....</p> <p><input type="checkbox"/> tables related thereto:.....</p> <p><i>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</i></p> <p>Figure of the drawings which should accompany the abstract: 8</p>	<p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <table style="width: 100%;"> <tr> <td style="width: 5%;">1. <input checked="" type="checkbox"/></td> <td style="width: 85%;">fee calculation sheet</td> <td style="width: 10%; text-align: right;">:1</td> </tr> <tr> <td>2. <input type="checkbox"/></td> <td>original separate power of attorney</td> <td style="text-align: right;">:</td> </tr> <tr> <td>3. <input type="checkbox"/></td> <td>original general power of attorney</td> <td style="text-align: right;">:</td> </tr> <tr> <td>4. <input checked="" type="checkbox"/></td> <td>copy of general power of attorney; reference number, if any:</td> <td style="text-align: right;">:4</td> </tr> <tr> <td>5. <input type="checkbox"/></td> <td>statement explaining lack of signature</td> <td style="text-align: right;">:</td> </tr> <tr> <td>6. <input type="checkbox"/></td> <td>priority document(s) identified in Box No. VI as item(s)</td> <td style="text-align: right;">:</td> </tr> <tr> <td>7. <input type="checkbox"/></td> <td>translation of international application into (language):.....</td> <td style="text-align: right;">:</td> </tr> <tr> <td>8. <input type="checkbox"/></td> <td>separate indications concerning deposited microorganism or other biological material</td> <td style="text-align: right;">:</td> </tr> <tr> <td>9. <input type="checkbox"/></td> <td>sequence listings in computer readable form (indicate type and number of carriers)</td> <td style="text-align: right;">:</td> </tr> <tr> <td colspan="3"> (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application): </td> </tr> <tr> <td colspan="3"> (ii) <input type="checkbox"/> (only where check box (b)(i) or (c) (i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter </td> </tr> <tr> <td colspan="3"> (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column </td> </tr> <tr> <td>10. <input type="checkbox"/></td> <td>tables in computer readable form related to sequence listings (indicate type and number of carriers)</td> <td style="text-align: right;">:</td> </tr> <tr> <td colspan="3"> (i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) </td> </tr> <tr> <td colspan="3"> (ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802 (b-quater) </td> </tr> <tr> <td colspan="3"> (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column </td> </tr> <tr> <td>11. <input checked="" type="checkbox"/></td> <td>other (specify) transmittal letter; return receipt postcard</td> <td style="text-align: right;">:2</td> </tr> </table> <p>Language of filling of the international application: English</p>	1. <input checked="" type="checkbox"/>	fee calculation sheet	:1	2. <input type="checkbox"/>	original separate power of attorney	:	3. <input type="checkbox"/>	original general power of attorney	:	4. <input checked="" type="checkbox"/>	copy of general power of attorney; reference number, if any:	:4	5. <input type="checkbox"/>	statement explaining lack of signature	:	6. <input type="checkbox"/>	priority document(s) identified in Box No. VI as item(s)	:	7. <input type="checkbox"/>	translation of international application into (language):.....	:	8. <input type="checkbox"/>	separate indications concerning deposited microorganism or other biological material	:	9. <input type="checkbox"/>	sequence listings in computer readable form (indicate type and number of carriers)	:	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application):			(ii) <input type="checkbox"/> (only where check box (b)(i) or (c) (i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter			(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column			10. <input type="checkbox"/>	tables in computer readable form related to sequence listings (indicate type and number of carriers)	:	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)			(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802 (b-quater)			(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column			11. <input checked="" type="checkbox"/>	other (specify) transmittal letter; return receipt postcard	:2
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2. <input type="checkbox"/>	original separate power of attorney	:																																																		
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11. <input checked="" type="checkbox"/>	other (specify) transmittal letter; return receipt postcard	:2																																																		

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request)



Joseph R. Baker, Jr., Reg. No. 40,900

<p>1. Date of actual receipt of the purported international application:</p> <p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:</p> <p>4. Date of timely receipt of the required corrections under PCT Article 11(2):</p> <p>5. International Searching Authority (if two or more are competent): ISA /</p>	<p>2. Drawings:</p> <p><input type="checkbox"/> received:</p> <p><input type="checkbox"/> not received:</p>
<p>6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid</p>	

Date of receipt of the record copy by the International Bureau

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PCT

FEE CALCULATION SHEET Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving office

Applicant's or agent's
file reference 15670-078WO1

Applicant
The Regents of the University of California

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE 300.00 T

2. SEARCH FEE 1,000.00 S

International Search to be carried out by US
(If two or more International Searching Authorities are competent to carry out the International search, indicate the name of the Authority which is chosen to carry out the International search.)

3. INTERNATIONAL FEE

Where items 80

(b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets

i1 first 30 sheets 1,134.00 i1

i2 50 x 12.00 = 600.00 i2
number of sheets. fee per sheet
in excess of 30

i3 additional component (only if sequence listings and/or tables related
thereto are filed in computer readable form under Section 810(a)(i), or both in
that form and on paper, under Section 801(a)(iii):

400 x = 0.00 i3
fee per sheet

Add amounts entered at i1, i2 and i3 and enter total at I 1,734.00 I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the application is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) 20.00 P

5. TOTAL FEES PAYABLE \$3,054.00

TOTAL

Add amounts entered at T, S, I and P, and entered total in the TOTAL box

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☒ authorization to charge deposit account (see below) ☐ postal money order ☐ cash ☐ coupons
☒ cheque ☐ bank draft ☐ revenue stamps ☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.
☒ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.
☐ Authorization to charge the fee for priority document.

Receiving Office: RO/ US

Deposit Account No. : 06-1050

Date: October 20, 2004

Name: Joseph R. Baker, Jr.

Signature: 

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